. S. No. 2
M—8-43
v. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37404

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural, Arcadia Arcadia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Shirley Pearlene Robison

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex 1 fem

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 11 (Day) 1939 (Year)

8. AGE: Years 6 Months 0 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation school girl

11. Industry or business

FATHER
12. Name George W. Robison
13. Birthplace Des Arc Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pearl Misskelley
15. Birthplace Blythesville Ark. (City, town, or county) (State or foreign country)

16. (a) Informant George Robison
(b) Address Arcadia Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation Glover Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address A. J. White Ironton Mo.

19. (a) 12-3-45 (Date received local registrar) (b) Mrs avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th year 1945 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from I DID NOT SEE HER ALIVE, 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Head (Accidental death by being struck by truck) — Duration

Due to (CORONERS JURY VERDICT)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 047

(b) Date of occurrence 11/29/45

(c) Where did injury occur? Hogan Mo (Rural) (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury Accident

23. Signature Lee A. Lenickel (M.D. or other) CORONER IRON CO. MO

Address Ironton Mo. Date signed 11/30/45

1038 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1245-1418

Date Filed 12-8-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Russel J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.